
COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Processed Garlic Pieces

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

CERTIFICATION UNDER 37 CFR 1.10: I hereby certify that this paper (along with any paper referred to as being transmitted therewith) is being deposited with the U.S. Postal Service on this date 01/08/04 in an envelope to "Express Mail Post Office to Addressee" Mailing Label Number 102090100945 addressed to the Commissioner of Patents, PO Box 1450, Alexandria, VA 22313-1450.

Cynthia E. Haden
Typeprint name of person mailing paper

Cynthia E. Haden
Signature of person mailing paper

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

REGISTRATION NUMBER(S)

H. Michael Brucker

19.737

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

H. Michael Brucker
510-654-6200

H. Michael Brucker
5855 Doyle Street, Suite 110
Emeryville, CA 94608

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

John Layous
Inventor's signature
Date 12/30/03
Residence Bake
Post Office Address

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Richard Gorski
Inventor's signature _____
Date _____ Country of Citizenship US
Residence Foster City, CA
Post Office Address 383 Vintage Park Drive, Foster City, CA 94404



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(Declaration and Power of Attorney—page 2 of 3)

BEST AVAILABLE COPY

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(Declaration and Power of Attorney—page 3 of 3)

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